



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: INDIANA UNIVERSITY HEALTH BLACKFORD HOSPITAL

City of Hospital: Hartford City

Year Begin: 01/01/2016 (mm/dd/yyyy format)

Year End: 12/31/2016 (mm/dd/yyyy format)

Person Completing the Report: Derek Tatter

Email Address: dtatter@iuhealth.org

Medicare Provider Number: 15-1302

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$6634647
Outpatient Patient Service Revenue	\$31094774
Total Gross Patient Service Revenue	\$37729421

2. Deductions From Revenue

Contractual Allowance	\$20262321
Other Deductions	\$429623
Total Deductions	\$20691944

3. Total Operating Revenue

Net Patient Service Revenue	\$17037477
Other Operating Revenue	\$118303
Total Operating Revenue	\$17155780

4. Operating Expenses

Salaries and Wages	\$6624841	Employee Benefits	\$1319055
Depreciation and Amortization	\$824125	Interest Expense	\$0
Bad Debt	\$907537	Other Expenses	\$6750135
Total Operating Expenses	\$16425693		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$730087	Total Assets	\$18366358
Net Non-operating Gains over Loss	\$13802	Total Liabilities	\$18366358

Total Net Gains	\$743889
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$17960836	\$8438957	\$9521879
Medicaid	\$7477235	\$6868164	\$609071
Other Government	\$428247	\$120959	\$307288
Other State	\$0	\$0	\$0
Other Payers	\$11863105	\$5263864	\$6599241
Total	\$37729423	\$20691944	\$17037479

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$6033	\$-6033

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$20191	\$-20191
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	227

Statement Six: Charity Statement

Hospital Charity Charges	\$1211748
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$482882	
HCI Payments	\$0		
Subtotal	\$0	\$482882	\$-482882
Medicaid Shortfalls	\$1000406	\$3299376	
Subtotal	\$1000406	\$3782258	\$-2781852
DSH Payments	\$0		
Subtotal	\$1000406	\$3782258	\$-2781852
Medicare Shortfalls	\$7793499	\$7067871	
Other Government Programs	\$0	\$0	
Total	\$8793905	\$10850129	\$-2056224

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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